

1103 1-2-13



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>13MPD 0004</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'X' IF YES	HIT / SKIP <b>3</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> 'X' IF YES	OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 08 ANIMAL 09 UNKNOWN	DATE OF CRASH <b>1/1/2013</b>	

TIME OF CRASH <b>09:35</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40332904</b>	LONGITUDE <b>081550504</b>
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CRASH OCCURRED ON PREFIX <b>N</b> CRASH LOCATION <b>WASHINGTON ST.</b> TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT REFERENCE DIST. REF. <b>.1 M</b> DIR <b>S</b> PREFIX REFERENCE <b>WOOSTER RD.</b> REF POINT <b>02</b>	REFERENCE POINT USED 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE 03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE 04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFERENCE
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<b>A</b> UNIT # <b>01</b> # OF OCC <b>1</b> NAME (LAST, FIRST, MIDDLE) <b>UNKNOWN DRIVER</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX <b>U</b>	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <b>5</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>UNKNOWN</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>UNKNOWN UNKNOWN UNKNOWN</b>
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YEAR <b>0</b>	MAKE <b>UNKNOWN</b>	MODEL <b>UNKNOWN</b>	COLOR	INSURANCE COMPANY <b>NOT SHOWN</b>	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES
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<b>B</b> UNIT # <input type="checkbox"/> # OF OCC <input type="checkbox"/> NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES
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<b>C</b> UNIT # <input type="checkbox"/> NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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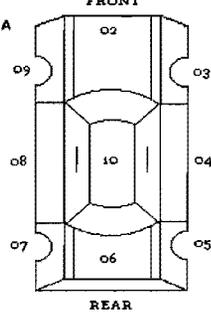
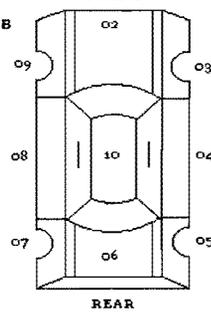
ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<b>D</b> UNIT # <input type="checkbox"/> NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<b>SEATING POSITION</b> <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>07</b> MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> <b>6</b> 1. NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> <b>4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>EJECTION</b> <b>5</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> <b>1</b> 1 NOT TRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> <b>6</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN  <input type="checkbox"/> SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST / OCCUPANT

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p> <p><b>FRONT</b></p>  <p><b>REAR</b></p>  <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15 ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 PLAYING OR WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>A <input type="text" value="08"/></p> <p>B <input type="text"/></p> </td> <td style="width:50%;"> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN/ROLL OVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO/EQUIPMENT LOSS ON SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS-MEDIAN/CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> <li>14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</li> <li>15 PEDESTRIAN</li> <li>16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DEER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> <li>25 COLLISION WITH FIXED OBJECT</li> <li>26 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>27 BRIDGE OVERHEAD STRUCTURE</li> <li>28 BRIDGE PIER OR ABUTMENT</li> <li>29 BRIDGE PARAPET</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIAN BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT/LUMINARIES SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 CURB</li> <li>39 DITCH</li> <li>40 EMBANKMENT</li> <li>41 FENCE</li> <li>42 MAILBOX</li> <li>43 TREE</li> <li>44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)</li> <li>45 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>46 UNKNOWN FIXED OBJECT</li> <li>47 OTHER</li> <li>48 UNKNOWN</li> </ol>	<p>A <input type="text" value="08"/></p> <p>B <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>DIRECTION</b></p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> </td> </tr> </table> <p><b>CONDITION</b></p> <p>A <input type="text" value="8"/> B <input type="text"/></p>	<p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/></p>	<p>FROM TO</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE GIVEN</li> <li>2. TEST REFUSED</li> <li>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4. TEST GIVEN, RESULTS KNOWN</li> <li>5. GIVEN, RESULTS UNKNOWN</li> <li>6. UNKNOWN</li> </ol> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. OTHER</li> </ol> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>B <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. MARIJUANA</li> <li>3. COCAINE</li> <li>4. OPiates</li> <li>5. AMPHETAMINES</li> <li>6. PCP</li> <li>7. OTHER</li> <li>8. UNKNOWN AT TIME OF REPORTING</li> </ol>	<p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>B <input type="text"/></p>
<p>A <input type="text" value="08"/></p> <p>B <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>										
<p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/></p>	<p>FROM TO</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>										
<p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>B <input type="text"/></p>										
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 MARKED CROSSWALK AT INTERSECTION</li> <li>02 AT INTERSECTION BUT NO CROSSWALK</li> <li>03 NON-INTERSECTION CROSSWALK</li> <li>04 DRIVEWAY ACCESS CROSSWALK</li> <li>05 IN ROADWAY</li> <li>06 NOT IN ROADWAY</li> <li>07 MEDIAN (BUT NOT ON SHOULDER)</li> <li>08 ISLAND</li> <li>09 SHOULDER</li> <li>10 SIDEWALK</li> <li>11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13 OUTSIDE TRAFFICWAY</li> <li>14 SHARED USE PATHS OR TRAILS</li> <li>15 UNKNOWN</li> </ol>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACDA</li> <li>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 TOTAL (ALL AREAS)</li> <li>22 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR ACCIDENT</li> <li>11 OTHER DEFECTS</li> <li>12 NO DEFECTS</li> </ol>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. STATED</li> <li>2. ESTIMATED</li> </ol> <p><b>SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text"/></p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="6"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. YES ALCOHOL SUSPECTED</li> <li>3. YES-HBD NOT IMPAIRED</li> <li>4. YES-DRUGS SUSPECTED</li> <li>5. YES-ALCOHOL AND DRUGS SUSPECTED</li> <li>6. UNKNOWN</li> </ol> <p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE GIVEN</li> <li>2. TEST REFUSED</li> <li>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4. TEST GIVEN, RESULTS KNOWN</li> <li>5. TEST GIVEN, RESULTS UNKNOWN</li> <li>6. UNKNOWN</li> </ol> <p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. BREATH</li> <li>5. OTHER</li> </ol> <p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>OCCURRENCE</b></p> <p>A <input type="text" value="6"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. ON ROADWAY</li> <li>2. ON SHOULDER</li> <li>3. IN MEDIAN</li> <li>4. ON ROADSIDE</li> <li>5. ON GORE</li> <li>6. OUTSIDE TRAFFICWAY</li> <li>7. OTHER</li> </ol> <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. STRAIGHT LEVEL</li> <li>2. STRAIGHT GRADE</li> <li>3. CURVE LEVEL</li> <li>4. CURVE GRADE</li> <li>5. UNKNOWN</li> </ol> <p><b>ROAD CONDITIONS</b></p> <p><b>PRIMARY</b> <input type="text" value="02"/> <b>SECONDARY</b> <input type="text"/></p> <ol style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND/MUD/DIRT/OIL/GRAVEL</li> <li>06 WATER (STANDING, MOVING)</li> <li>07 SLUSH</li> <li>08 DEBRIS</li> <li>09 RUT HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> </ol>						
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="34"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZE</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANELVAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11 TRUCK/TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR/SEMI-TRAILER</li> <li>14 TRACTOR/DOUBLE - SHORT</li> <li>15 TRACTOR DOUBLE - LONG</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR/TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAIN</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35 ANIMAL W/DRIVER</li> <li>36 ANIMAL W/RUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD /TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol> <p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NON-CONTACT</li> <li>2. NON-COLLISION</li> <li>3. STRUCK</li> <li>4. STRUCK</li> <li>5. BOTH STRICKING AND STRUCK</li> <li>6. UNKNOWN</li> </ol> <p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="7"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NO UNDERRIDE OR OVERRIDE</li> <li>2. UNDERRIDE, COMPARTMENT INTRUSION</li> <li>3. UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>4. UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6. OVERRIDE, OTHER VEHICLE</li> <li>7. UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>	<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NO</li> <li>2. YES</li> <li>3. UNKNOWN</li> </ol>	<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="6"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. NON-FUNCTIONAL</li> <li>3. FUNCTIONAL DAMAGE</li> <li>4. DISABLING DAMAGE</li> <li>5. SEVERE</li> <li>6. UNKNOWN</li> </ol>	<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>	<p><b>LOCAL REPORT #</b></p> <p><b>13MPD 0004</b></p>						

**NARRATIVE**

**UNIT 01, AN UNKNOWN VEHICLE, WAS TRAVELING NORTHBOUND ON N. WASHINGTON ST. AND WENT OFF THE RIGHT SIDE OF THE ROAD. UNIT 01 THEN TRIED TO GO UP A HILL ON PRIVATE PROPERTY TOWARDS WOOSTER RD., BUT WAS UNSUCCESSFUL AND BACKED DOWN THE HILL STRIKING AND KNOCKING OVER A FIRE HYDRANT. UNIT 01 THEN DROVE THROUGH THE PRIVATE PROPERTY TRAVELING NORTHBOUND COMING BACK OUT ONTO N. WASHINGTON ST. UNIT 01 FAILED TO STAY AT THE SCENE OR NOTIFY LAW ENFORCEMENT ABOUT THE CRASH. THIS INCIDENT OCCURRED AT AN UNKNOWN TIME DURING THE NIGHT.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2. REAR-END 3. HEAD-ON 4. REAR-TO-REAR 5. BACKING 6. ANGLE 7. SIDESWIPE SAME DIRECTION 8. SIDESWIPE OPPOSITE DIRECTION 9. UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="text-align: right;">- - - - -&gt; = Vehicle Path</p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 01</p> <p>01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06. SNOW 07. SEVERE CROSSWINDS 08. BLOWING SAND/SOIL/DIRT/SNOW 09. OTHER 10. UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 4      SECONDARY <input type="checkbox"/></p> <p>1. DAYLIGHT 2. DAWN 3. DUSK 4. DARK - LIGHTED ROADWAY 5. DARK - ROADWAY NOT LIGHTED 6. DARK - UNKNOWN ROADWAY 7. GLARE 8. OTHER 9. UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER</p>	
<p><b>TRUCK/BUS</b></p> <p>UNIT # <input type="text"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p> <p>A. THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY, OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR D. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>	

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b>	

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<b>CARGO BODY TYPE</b>			<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	<b>HAZARDOUS MATERIALS PLACARD</b>	<b>HAZARDOUS MATERIALS RELEASED</b>	
<input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAIN/CHIPS/GRAVEL/WN <input type="checkbox"/> 05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLATBED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER <input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN			<input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b> 1/1/2013	<b>TIME REC CALL</b> 09:35	<b>DISPATCH</b> 09:37	<b>ARRIVED</b> 09:52	<b>CLEARED</b> 10:11	<b>OTHER</b> 5	<b>TOTAL MINUTES</b> 39	
<b>OFFICER'S NAME</b> PTL. KEVIN BROWN		<b>BADGE #</b> 108	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 1/1/2013		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		<b>LOCAL REPORT #</b> 13MPD 0004	